

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE
FUNERAL SERVICE APPRENTICE

DOPL-AP-053 REV 11/20/2000

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P. O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C.666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit a copy of your diploma verifying completion of your high school education or equivalent education.
2. Submit the "Application for Apprentice Supervisor" form completed by the funeral service director who will supervise you.
3. Submit an official letter from Experiior documenting your passing the Utah Law and Rules Examination.
4. Submit the \$25.00 non-refundable application processing fee.

Additional Important Information:

1. **Law and Rules Exam:** All applicants for licensure must pass the Utah Law and Rules and Ethics Examination. Contact Experior at the address and telephone number below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

You may also purchase a study guide from Experior, which has been prepared to assist candidates taking law exams.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/DOPL/dopl1.htm>

- ☐ Division of Occupational and Professional Licensing Act
- ☐ General Rules of the Division of Occupational and Professional Licensing
- ☐ Funeral Service Licensing Act
- ☐ Funeral Service Licensing Act Rules
- ☐ Preneed Funeral Arrangement Act
- ☐ Preneed Funeral Arrangement Act Rules

2. **Temporary Licenses:** Temporary Licenses are not issued.
3. **Board Review:** Applications requiring board review will be presented to the board at the next scheduled board meeting.
4. **Apprentice licenses are granted only for a period of two years:** After two years, if the apprentice has not qualified for a funeral service director license, the apprentice license may only be renewed after interview and with approval from the funeral board and limited to one additional term. Thereafter the person must qualify for licensure as a funeral service director.
5. **Qualified Professional Education:** Funeral Service Directors are required to complete twenty (20) hours of qualified professional education during each two year renewal period as a condition of renewing their license.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O.Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6162
(801) 530-6727

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____Funeral Service Apprentice

EDUCATION REQUIREMENT:

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any funeral service profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

APPRENTICE SUPERVISION:

Licensed Funeral Service Director Supervisor: _____

Funeral Service Director License Number: _____

Address: _____

Phone Number: _____

Licensed Funeral Service Establishment: _____

Funeral Service Establishment License Number: _____

Address: _____

Phone Number: _____

FUNERAL SERVICE QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question unanswered.

1. _____Have you ever applied for or received a license, certificate, permit, or registration to practice in a funeral service profession under any name other than the name listed on this application?
2. _____Have you ever been denied the right to sit for a funeral service profession licensure examination?
3. _____Have you ever had a license, certificate, permit, or registration to practice in a funeral service profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a funeral service profession while under investigation or while action was pending against you by any funeral service profession licensing agency, other funeral service facility, society, or criminal or administrative jurisdiction?
5. _____Is any disciplinary action pending against you now by any funeral service profession licensing agency?
6. _____Have you ever had hospital privileges, other funeral service facility privileges, or society membership denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____Is any action related to your professional conduct pending against you?
8. _____Have you been named as a defendant in a malpractice suit or action involving your professional conduct during the past ten years? (The filing date of the complaint naming you as a defendant should be considered to be the date of the suit for purposes of responding to this question.)
9. _____If you are licensed in the funeral service profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
10. _____Are you currently using or have you recently used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

11. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
12. _____ Have you ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.
13. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant_____

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Division of Occupational & Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801 530-6511

APPLICATION FOR APPRENTICE SUPERVISION

PART I: TO BE COMPLETED BY APPLICANT:

Complete Part I and request that the licensed funeral service director that has agreed to supervise you complete Part II and return it to you for submission with your application. Please type or print legibly. **You must receive approval from the Division prior to beginning the apprenticeship.**

Name of person applying for apprenticeship: _____

Address: _____

Telephone: _____

PART II: TO BE COMPLETED BY THE LICENSED FUNERAL SERVICE DIRECTOR SUPERVISOR:

Name of Supervisor: _____

Address: _____

Telephone: _____

Utah License Number: _____ Date Licensed: _____

Total years experience as a funeral service director: _____

Name of Funeral Service Establishment where apprenticeship will take place: _____

Address: _____

Utah License Number: _____

Telephone: _____

_____ **Yes** I am currently supervising an apprentice. (You may only supervise one apprentice at a time.)

If yes, name of apprentice: _____

_____ **No** I am not currently supervising an apprentice.

I do hereby certify that I am a licensed Funeral Service Director in the state of Utah, I have read the current Funeral Service Licensing Act and the Rules, and understand the requirements of supervising an apprentice.

I further certify that I have met all of the requirements of eligibility to be an approved Funeral Service Director supervisor, and to the best of my knowledge there is no reason that I am not competent or qualified to supervise. I further certify that I will comply with all the requirements of laws and rules governing the practice of Funeral Service and that I am responsible to ensure that the person named as the applicant complies with the requirements of law and rule. I agree as provided by applicable law to notify the Division within 30 days of the termination of the supervision of the apprentice and to provide a report on the performance of the apprentice during the period of supervision.

Signature of Funeral Service Director (supervisor): _____

Date of Signature: _____